

Exhibits

4 thru ~~8~~ (247 pages)

24

Offender Authorization for Payment

Posting Document # _____

Date 3-29-18

Offender Name Hendrick Jackson ID# A47228 Housing Unit West cell 121

Pay to _____

Address Menard collection center

City, State, Zip P.O. Box 1000 Menard IL 62259

The sum of \$13 dollars and 10 cents charged to my trust fund

account, for the purpose of Making 1 Copies of exhibits 21 Pages

I hereby authorize payment of postage for the attached mail. I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature Hendrick Jackson ID# A47228

Witness Signature J. J. Jackson

Approved Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of _____ dollars and _____ cents.

Distribution: Business Office, Offender
LL

Printed on Recycled Paper

DOC 0296 (Eff. 1/2006)
(Replaces DC 828)



Exhibits B

Grievance Officer's Report

Date Received: December 19, 2017 Date of Review: January 4, 2018 Grievance #(optional): 324-12-17

Offender: Jackson, Kendrick

ID#: R47228

Nature of Grievance: Disciplinary Report dated 11/28/2017 issued by C/O J. Lipe for 104 Dangerous Contraband; 202 Damage or Misuse of Property - 2017018301-MEN

Facts Reviewed: All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted a grievance dated 12/15/2017 regarding the above disciplinary report. Offender grieves that he was found guilty of contraband for sharpened nail clippers found in his cell during a routine shakedown. He states that they were not his and that they were his cellmate's.

Relief requested: Expunge IDR.

Grievance Office reviewed IDR, Ticket Summary, DR 504 procedures & contacted the Adjustment Committee and Investigations and Intelligence.

Per DR 504.80 Prior to the hearing, the offender may request that witnesses be interviewed. No requests for witness received by Committee.

The Committee advised the hearing was in accordance with DR 504.80. Offender was permitted to make statements in his defense and offender pled not guilty as noted on the final summary.

According to the disciplinary report written by C/O J. Lipe, based on the observation of the reporting employee officer was shaking down inmate Jackson's cell and found one set of toe nail clippers altered into a sharp point and one set of stone with scratch marks used for sharpening. Inmate ID by offender 360 and state ID card.

104 charge of Dangerous contraband found guilty by the committee by possessing, manufacturing, introducing, selling, supplying to others or any object or instrument that is made to appear to be or could be used as a deadly or dangerous weapon or substance.

Committee finds inmate guilty based on information provided and accepts the written report to be factual account of the incident and is satisfied the violations occurred as reported.

Officer Brown witnessed the incident and stated IDR is correct as written.

Per DR 535.130 Security of Personal Property - Committed persons are responsible for their personal property which is in their possession or under their control, i.e., on their person or in their cell, living or work area.

Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be DENIED.

BASED ON THE NATURE OF THE CHARGES AND DISCIPLINARY HISTORY, THE SANCTIONS IMPOSED BY THE ADJUSTMENT COMMITTEE ARE FOUND TO BE CORRECT AS WRITTEN AND PROCESSED IN ACCORDANCE WITH DR 504. DISCIPLINARY ACTION SHALL REMAIN AS IMPOSED.

Kelly Pierce - Menard Correctional Center

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, Including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: January 11, 2017

 I concur I do not concur Remand

Comments:

Chief Administrative Officer's Signature

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Exhibit C

Name: JACKSON, KENDRICK

IDOC Number: R47228

Race: BLK

Hearing Date/Time: 12/5/2017 08:04 AM

Unit: MEN-N2-06-48

Orientation Status: N/A

Incident Number: 201701830/1 - MEN

Date	Ticket #	Incident Officer	Location	Time
11/28/2017	201701830/1-MEN	LIPE, JACOB L	MENARD CORRECTIONAL CENTER	07:40 AM

Offense	Violation	Final Result
104	Dangerous Contraband <i>Comments: toe nail clippers sharpened to a point</i>	Guilty
202	Damage Or Misuse of Property	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
No Witness Requested			

RECORD OF PROCEEDINGS

Inmate pled not guilty

BASIS FOR DECISION

Based on the observation of the reporting employee officer was shaking down inmate Jackson's cell and found one set of toe nail clippers altered into a sharp point and one set of stone with scratch marks used for sharpening. Inmate ID by offender 360 and state ID card.

104 charge of Dangerous contraband found guilty by the committee by possessing, manufacturing, introducing, selling, supplying to others or any object or instrument that is made to appear to be or could be used as a deadly or dangerous weapon or substance.

Committee finds inmate guilty based on information provided and accepts the written report to be factual account of the incident and is satisfied the violations occurred as reported.

Officer Brown witnessed the incident and stated IDR is correct as written.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL
6 Months C Grade	6 Months C Grade
6 Months Segregation	6 Months Segregation
6 Months Commissary Restriction	6 Months Commissary Restriction
Basis for Discipline/nature of offense	

Signatures

Hearing Committee

BROOKMAN, KENT E - Chair Person	Signature	12/05/17	WHL
HART, JASON N	Signature	12/05/17	BLK
Recommended Action Approved			

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: JACKSON, KENDRICK

Hearing Date/Time: 12/5/2017 08:04 AM

Incident Number: 201701830/1 - MEN

IDOC Number: R47228

Race: BLK

Living Unit: MEN-N2-06-48

Orientation Status: N/A

Status: Final

JACQUELINE A LASHBROOK / JAL 12/7/2017

12/07/17

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

YVETTE BAKER

12/19/2017

01:00 PM

Employee Serving Copy to Committed Person

When Served -- Date and Time

EXHIBIT C			
ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE			
Date: <u>12-15-17</u>	Offender: (Please Print) <u>Mendrick Jackson</u>	ID#: <u>R47228</u>	RECEIVED <u>324-12-17</u> DEC 19 2017
Present Facility: <u>North 2 CII 648</u>	Facility where grievance issue occurred: <u>North 1 Upper Cell 825</u>		
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Disciplinary Report Date of Report: <u>12-15-17</u> Facility where issued: <u>North 1 Upper Cell 825</u>			
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <ul style="list-style-type: none"> Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer. 			
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p>To Grievance Officer: On 11-28-17 at approximately 7:40 p.m. at North 1 Upper Cell 825 my cellie and i was having our cell check down during the routine Shakedown the officer T. Lipe and officer Brown badge 6016 found a pair of altered nail clippers used for sharpening on my cells bunk. Officer T. Lipe badge 1064 and officer Brown badge 6006 did not find any contraband on my mat under my bunk. after the Shakedown was finished my cellie and i was both told to pack up our stuff by the Lieutenant or major im not really sure what position of Authority he was but he was a white shirt.</p>			
<p>Relief Requested:</p> <p>_____</p> <p>_____</p>			
<p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>			
<p>Offender's Signature: _____</p>		<p>ID# _____</p>	<p>Date: _____</p>
<p>(Continue on reverse side if necessary)</p>			
<p>Counselor's Response (if applicable)</p>			
Date: _____	<p><input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277</p>		
Received: _____			
Response:			
<p>Print Counselor's Name: _____</p>		<p>Counselor's Signature: _____</p>	<p>Date of Response: _____</p>
<p>EMERGENCY REVIEW</p>			
Date: _____	<p>Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.</p>		
Received: _____			
<p>Chief Administrative Officer's Signature: _____</p>		<p>Date: _____</p>	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER INFORMATION CARD
OFFENDER INFORMATION CARD
ANCE (Continued)

He told my cellie and i that we were going to Seg. I was shocked and couldn't understand why we would be going to Seg at that time, i asked our gallery officer well why was we going to Seg and he stated that he really didn't know so they took me and my cellie to Seg that night, i didn't find out why we were in Seg until a couple day later when i received my ticket from the officer i went to see the Adjustment Committee about seven days later, and i told them that the contraband is not belong to me and that the contraband was found on my cellie bunk i told the Adjustment Committee that i had absolutely nothing to do with that contraband that was found on my cellie's bunk, so the Adjustment Committee told me that if my cellie take his weight then they would release me so im assuming that my cellie never took his weight because im still here, and my Seg out date is 5-28-18 and i don't believe that is fair, i have been a model inmate for fifteen years and i try to follow the rules the best way that i can, i don't believe that i should be punished for somebody else actions, you can check on my history paperwork and you will see that i don't break rules or cause problems, instead of just punishing my cellie, they punished us both and im innocent, i had nothing to do with the contraband that was found, i pray and hope that these charges and this ticket shall be terminated and the report shall be expunged from my record file, please get me out of Seg i have been back here for 20 days now and i did absolutely nothing wrong to be here, this is my first time in Seg ever and i hate it, i believe that i have suffered enough my food was destroyed, i was expecting a visit now i can't have my visit yet, i can't get any sleep because of all the noise and its hard to get anything done here, its hard to get the things you need because the officers don't care to help you out if you don't let me out at least give me a big Seg time cut please im begging you i don't want to back here until may, i don't deserve that, if you look at the copy of the ticket it will tell you that the contraband was found on my cellie's bunk, i still don't understand why they took both of us to Seg, was i suppose to know what was on my cellie's bunk how could i have known, the only thing i had on my bunk was some playing cards, a mirror, a watch and some bible scriptures that i pass out everyday, i haven't been able to talk to my family for 20 days and Christmas is coming up, i don't want to spend Christmas and New Years in Seg for something i didn't do, once again you can interview officer J. Lipe badge 10157 and officer Brown badge 6006 and they can tell you where they found the contraband, i've got a pair of fingernail clippers in my rummery box so i had no need for a Altered pair of nail clippers to plane terminate these charges and expunge the report from my file, please take me out as possible or give me a Seg time cut, thank you for your time and God bless you, my opponent.

Bruce Rauner
Governor

John Baldwin
Acting Director



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

January 30, 2018

Exhibit E

Kendrick Jackson
Register No. R47228
Menard Correctional Center

Dear Mr. Jackson:

This is in response to your grievance received on January 22, 2018, regarding a disciplinary report dated November 28, 2017, which was alleged to have occurred at Menard Correctional Center. This office has determined the issue will be addressed without a formal hearing.

This office has reviewed Offender Jackson's December 15, 2017 grievance regarding the above issued report.

The Grievance Officer's Report (324-12-17) and subsequent recommendation dated January 4, 2018 and approval by the Chief Administrative Officer on January 11, 2018 have been reviewed.

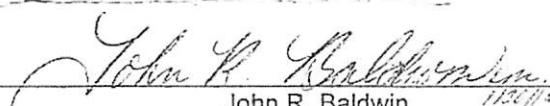
This office reviewed the report, along with the final Adjustment Committee Summary (201701830/1-MEN).

Based on a total review of all available information and a compliance check of the procedural due process safeguards outlined in DR504, this office recommends the grievance be affirmed. Due to non-compliance with DR 504.30 (unsubstantiated charges), the above issued report/summary is to be expunged from Offender Jackson's Masterfile.

FOR THE BOARD:


Sherry Benton
Administrative Review Board
Office of Inmate Issues

I concur. Warden is to ensure the above cited report/summary is expunged.


John R. Baldwin
Acting Director

cc: Warden, Menard Correctional Center
Record Office, Menard Correctional Center
Adj. Comm., Menard Correctional Center
Kendrick Jackson, Register No. R47228

Exhibit F

LEGAL MAIL RECEIPT

MENARD CORRECTIONAL CENTER, MENARD, IL 62259

RESIDENT: Jackson REGISTER NO.: R17228 LOCATION: MCU C-418

FROM MAIL OFFICE

DATE: 2-13-2018

LEGAL MAIL FROM: IDOC Mail Room Receipt

DOC Corrections Center

P.O. Box 19377

Springfield

SIGNATURES:

James

DATE:

2/13/2018

OFFICER HANDING OUT LEGAL MAIL

John Muller

INMATE RECEIVING LEGAL MAIL

DATE:

2/13/2018

PLEASE RETURN THIS FORM TO THE MAIL OFFICE. THANK YOU.

Exhibit G

PAGE ____ OF ____

**RELINQUISHING OF PERSONAL PROPERTY
MENAED CORRECTION CENTER**

DATE: 12-9-17**PACKAGE #** _____**INMATE'S NAME:** DELL S. SPARKS**NUMBER:** 16170220

The following items are to either be mailed home, destroyed, or sent out on a visit. The inmate is to check the inappropriate line beside each item.

ITEM DESCRIPTION	MAIL	DESTROY	VISIT	ITEM DESCRIPTION	MAIL	DESTROY	VISIT
1. Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pipe cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Pipe cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cigar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Cigar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cigarette case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Cigarette case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cigarette lighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Cigarette lighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100. Cigarette holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inventoried and packed by _____**Date packed:** _____**Inspected by:** _____**Sealed #:** _____ **Date:** _____

I PLAN TO FILE A GRIEVANCE CONCERNING THE ABOVE LISTED PERSONAL PROPERTY ITEMS. I AM AWARE THAT IF THIS ISN'T DONE IN WRITING BY [REDACTED] THESE ITEMS WILL BE DISPOSED OF!

Residents name: _____ **Number:** _____ **Date:** _____

IL 426-8967 (REVISED JAN 2000) DCA-16054

"A"

2-20-18

Menards Warden Leish Bloom

Exhibit H

Kendrick Johnson RY7228	FEB 22 2018	FEB 21 2018
North 2 cell 648	280 2 18 (3)	BY: WJD

RECEIVED

I dont know what's going on with the expungement of my summary crv's report that you were to ensure by the order of Springfield, im still in seg right now and i dont know what else im suppose to do. did Sherry Benton from the board and John R Baldwin the acting director get in touch with you about my expungement. i still got the letter in my cell from Springfield that i received on the 13th of this month, today is the 20th of February and the issue hasn't been resolved yet, can you please come to my cell and talk to me so i can explain my situation to you. im depressed and stressed out over this situation, the office of Springfield said that you were to ensure that the report will be removed from my Masterfile records. i dont know if you did it or not because im still in seg when i should be in population right now, i wrote Springfield again so that i can find out what the problem is, plus i told my family to call you crv's Springfield so that the issue would get fixed. if i end up being there whole months then i will have no choice but to file a lawsuit. i got my freedom papers as proof so im gonna ask for a hundred dollars for each day that i spent here, plus pain and suffering and cruel and unusual punishment. I need out of seg A.S.A.P.

Exhibit I

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

W121

MAR - 16 2012

Date: 3-2-2018	Offender: (Please Print) Hendrik Jackson	ID#: R47228
Present Facility: East Unit Cell 8C4	Facility where grievance issue occurred: East cell house cell 8C4	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Disciplinary Report: / /	Date of Report: / /	<input type="checkbox"/> HIPAA
<input checked="" type="checkbox"/> Other (specify): <u>warden and placement</u>		

76-3-18

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I was released from segregation on the 21st of February and went to the east cell house, my aggression level is a 5 low and i shouldn't be in a high aggression cell house. Springfield threw out my ticket on the 30th of January. I received a letter from Springfield on the 13th of February informing me that my ticket had been expunged. I ended up spending eight more unnecessary days in seg until i finally got out on the 21st of February. I don't understand why i was placed in the east cell house when i have a low aggression level. The warden and placement are responsible for where im placed. If i were to do something to somebody or if somebody does something to me then the warden and placement will be held responsible. I was cleared of all charges by Springfield, so why am i still being punished. The east cell house is an lockdown right now.

Relief Requested:

 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature _____ ID# _____ Date _____
(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 3/6/2018 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: Cell placement is based on the safety and security of the institution and is an administrative decision.

R. Valleroy CCTF

Print Counselor's Name

R. Way CCTF

3/7/2018

Date of Response

EMERGENCY REVIEW

Date

Received: / /

Is this determined to be of an emergency nature?

 Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature _____

/ /

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

and i cant get any legal work done or make any phone calls. i didnt do anything to deserve to be in the easthouse. i dont bother nobody and i dont have a disciplinary history at all. i wrote the major, the Lieutenant, and the counselor, i even wrote a request to placement to get me to the South Lawers or to North Luppis. i feel that im being retaliated against by the warden, i should have never been in seg in the first place and Springfield agreed with me. now that i beat my ticket it feels like im being retaliated against i dont bother people. i try to stay the hell out the way but things still keeps happening to me in this place right now im stuck on lockdown with the rest of the cell house. i didnt do anything wrong to still be on lockdown nor did i do anything to be in the east cell house. i dont understand why the warden or placement didnt put me back in North Luppis or the South Lawers. this is a high aggression cell house and i dont have a high aggression. i would like to be moved out of this cell house soon as possible. this is a sophomore cell house and i believe that i was put in this cell house to be punished. this is cruel and unusual punishment for no important reason. i already sit 86 days in seg for something that i didnt do and if it wasnt for Springfield, i would still be in seg until May 28th. so can i have someone answer my grievance and get me to the South Lawers or to North Luppis. im 41 years old and i dont cause any problems or bother anyone you can check my background. i just want to be treated fairly as possible without being retaliated against. i dont want to have to watch my every move around staff members in this prison. the warden and placement are suppose to look out for my best interest. so please get me back to the North Luppis or the South Lawers since my aggression level is a .5 level. please answer my grievance soon as possible thank you for your time, and i hope that you will agree with me on this matter. im frustrated and depressed about being in this cell house. i feel like im still being punished for something that i didnt do. im not able to use the phone right now due to the cell house being on lockdown. i need to do legal work but i cant get to the law library, due to the lockdown in the cell house, please get me out of this cell house soon as possible. i shouldnt be here in this high aggression cell house. i pray that after this grievance is read that action will be taken place to have me moved to the South house or to North Luppis.

God bless!

ILLINOIS DEPARTMENT OF CORRECTIONS

SEGREGATION ALLOWABLE PROPERTY RECEIPT

Menard Correctional Center

Inmate Name:

Property Box #

111

Personal Hygiene

Personal Hygiene			Reading / Legal / Photos	
*Bottled cosmetics not to exceed 4 oz.			<i>*Inmates are allowed a combination of 25 approved publications, Including Bible, Quran, Dictionary, Magazines, & Soft Cover Books</i>	
1 2 Acne Treatment - 1 oz. tube	1	Hair Pick (flexible plastic, no Handle, small size only)	1	Bible
1 2 Aftershave	1	Hairbrush (military, no handle, no wood or plastic)	Books	
1 2 Antacid	2	Lotion (no alcohol)	Dictionary	
1 4 Bar Soap	2	Medication	Law Books	
1 2 Chap Stick	2	Mouthwash	Legal Papers	
1 2 Cocoa Butter Stick	2	Ointment	Legal Tablet	
1 2 Cold/Allergy Medication	1	Q-Tips/Cotton Swabs (small box)	Legal Transcripts	
1 2 Cough Drop (bag)	2	Shampoo	Letters/Mail	
1 1 Dental Floss	2	Skin Cream	Magazines	
1 2 Denture Cleanser Tablets (box)	1	Soap Dish	Newspapers	
1 1 Denture Cup (clear plastic)	1	Sunscreen	Personal Papers	
1 2 Denture Grip/Adhesive	1	Toothbrush (no handle)	Photo Album	
1 2 Dentures	2	Toothpaste (non-alcohol, clear tube)	Photos	
1 2 Deodorant/Antiperspirant (no alcohol)	1	Tylenol/Non-Aspirin Pain (24 max)	Quran	
1 2 Ear Drops	1	Vitamins (bottle/100 max)	Stationery / Writing Supplies	
1 2 Eye Drops			1 Address Book (pocket size)	
1 1 Hair/Afro Comb (no handle, 4" max)			1 Calendar	
1 2 Hair Conditioner			20 Envelopes (blank)	
1 2 Hair Dressing			2 Flex Pens	
			6 Legal Envelopes	
			2 Notebook Paper (200 ct., 8 1/2" x 11")	
			30 Write-Outs	
Clothing – State Issue & Personal			Games	
*Segregation inmates will be issued One (1) Tan Jumpsuit			1 Checker Set (plastic only)	
1 1 Ball Cap (navy)	1	Thermal Underwear Set (white)	1 Checkerboard (cardboard)	
1 1 Gym Shoes /State Boots	2	Towels (white)	1 Chess Set (small, plastic only)	
1 2 Laundry Bag (small, white)	3	Underwear	1 Dominos (wood only)	
1 1 Sock Hat/Skull Cap (blue)	2	Washcloths (white)	1 Playing Cards (deck)	
1 6 Sock Pairs (white)	3	T-Shirts (white)		
Electronics			Jewelry / Watches / Eyeglasses	
1 1 Audio Jack	1	Razor (Electric/Battery, no trimmers)	2 Eyeglass Case	
1 1 Cable Connector		Brand _____	2 Prescription Eyeglasses	
1 1 Cable Splitter	1	Television	1 Watch – (plain/Commissary)	
1 1 Earplug/Earphone		Brand _____	Brand _____	
1 1 Fan		Model _____	1 Wedding Band (plain, no stones/engraving/etching)	
1 1 Headphones (permit only)		S/N _____		
1 1 Headphone Extension	1	Walkman/MP3 _____		
1 1 Radio	Date:	_____		
Privilege restored and equipment returned on:			Miscellaneous	
Offender Signature: _____			Date: _____	
Property Officer Signature: _____			Date: _____	
Religious Materials			Date: _____	
1 1 Prayer Rug (_____)	2	Rosary Beads (black/brown/white)	Date: _____	
1 1 Religious Medallion 2" max			Date: _____	

I agree that any and all repairs to these boxes will be made at my expense. I certify that the Personal Property sheets I am signing contain a true and complete listing of my personal property. I understand that the remainder of my property which is not authorized in segregation will be placed into storage and returned to me upon my release from segregation.

Inmate Signature:

Inmate Signature: _____

Staff Witness to Inmate Receipt:

ID#: R47338

Battal

Date.

Date.

Date.

MEAN COOR1 (Eff. 11/2015)

Segregation Storage Property Items have been returned to the offender on:

Property Officer Signature:

Property Owner's
Offender Signature:

104

Date:

Printed on Recycled Paper

Exhibit K

**ILLINOIS DEPARTMENT OF CORRECTIONS
GENERAL POPULATION PROPERTY INVENTORY**

Total of 12 of the following 4 products:

	Beef Stew – Foiled Package
	Chili – With or Without Beans
	Lasagna
4	Sloppy Joe Sauce with Beef
4	Bag o Noodles
4	BBQ Beef
8	Beans/Refried Beans and Rice variety
4	Beef Summer Sausage
4	Boneless Roast Beef
4	Boneless Turkey
24	Catsup – Individual Packs
1	Cereal – 22oz, or smaller
2	Cheese – or 2 pack of 10, no squeeze bottles
4	Chicken – with or w/out Gravy
4	Chunk White Chicken and Broth
2	Flour Tortilla Packages
12	Hot Sauce – Individual Packs
12	Mayonnaise – Individual Packs
4	Boneless Ham 8oz.
1	Oatmeal – Variety Pack of 10 – 12
1	Peanut Butter – or 20 packets
2	Pepperoni Slices
24	Ramen Noodles/Oodles of Noodles
4	Rice – Clear Packages
8	Sardines/Mackerel/Baby Clams/Fish Steaks/Salmon Flakes – Foil Packages
4	Sausage & Cheese
4	Smoked Oyster/Shrimp
4	Soup
12	Soy Sauce – Individual Packets
100	Sweetener – Non-Sugar, Individual Packs
8	Tuna
2	Vienna Sausage

Snack Items

2	Crackers – 20oz. Box
2	Cookies – 20oz. Box
2	Cakes – Boxes or 10 Individual Packs
2	Donuts – Boxes or 10 Individual Packs
2	Bagged Candy
6	Candy Bars
6	Sugar Free Candy
2	Deli Beef Sticks
2	Beef Jerky
6	Chips, Popcorn, Pretzels, etc. – 14 oz.
2	Shelled Nuts

Religious Materials

1	Prayer Rug
1	Religious Headgear – Fez – Maroon, Kufi & Yamulke – Black, Brown, White
1	Religious Symbol – medallion not to exceed 2"
2	Rosary Beads – Black, Brown, White

1	Adapter – mono to stereo – AD530
1	AM/FM Cassette Player/ Walkman –
1	Batteries – Watch/ Radio – # needed for electronics
1	Cable Coupler – F81
1	Cable Splitter
1	Calculator – Clear, Pocket Sized
1	Coax Cable – less than 6'
1	Clip-on Light w/Standard 30 Watt Bulb
1	Earplug/Earphone
1	Electric Razor & Cord
1	Extension Cord – less than 6'
1	Extension for Ear bud – less than 6'
1	Fan – Clear 8"
1	Replacement Head for Razor
1	Television
1	Watch – Plain, Clear
1	Trimmer – Clear
18	Cassettes – Clear, No Screws

Beverages

12	Bottled Water – Small
2	Coffee – Individual Packs of 15
1	Hot Chocolate – or Individual packs of 8 – 10
1	Powdered Fruit Drink – Plastic, Sugar Free
12	Soda – 20 oz. or less, Plastic
6	Sugar Free Drink Concentrate – Foil
12	Gatorade / Powerade – 16 or 20 oz. Bottle
1	Tea – 15 oz Container or 10 oz. Bag

Miscellaneous

2	Arch Supports – with Permit
3	Assorted Games – No Dice/Play Money
1	Blanket – White / Grey Only
1	Bowl – 24oz. without Lid
1	Coffee Mug/Tumbler – non-insulated
1	Drinking Cup
1	Laundry Bag – Small, White Mesh
1	Playing Card/Pinochle Deck
1	Racquet Ball/Hand Ball

Additional

1	Reading Glasses/Glasses Case
	Blister Pack Meds
	Prescription Meds
	Prescription Glasses/Glasses Case
	Loose Photos

I hereby certify that the personal property sheets I am signing contain a true and complete listing of all of my personal property. By signing this form I am agreeing that I have received all listed property at this time. I agree that any and all repairs to listed box(es) will be made at my expense.

Inmate Signature: _____

ID#:

Date:

Inventory Prepared by: _____

Date:

Staff Witness to Inmate Receipt: _____

Date:

Exhibit L

State of Illinois - Department of Corrections
Counseling Summary

[Handwritten signature]

IDOC #	R47228	Counseling Date	12/13/17 10:13:55:280
Offender Name	JACKSON, KENDRICK	Type	Collateral
Current Admit Date	10/04/2005	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	N2-06-48	Staff	<i>[Redacted]</i> Office Assistant

Clinical Services received Grievance #218-12-17 regarding Staff Conduct, dated 12/10/2017,

~~REDACTED~~
Exhibit M

State of Illinois - Department of Corrections
Counseling Summary

N2 6.48

IDOC #	R47228	Counseling Date	02/14/18 08:32:20:950
Offender Name	JACKSON, KENDRICK	Type	Collateral
Current Admit Date	10/04/2005	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	N2-06-48	Staff	QUICK, SARAA., Correctional Officer

Grievance Officer received grievance # 218-12-17 (2nd Review) for personal property, dated 12-10-17.

Exhibit N

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

E 804

FEB 22 2018

163

2-18-18	Offender: (Please Print) Kendrick Jackson	ID#: R47228
sent Facility: North 2 Cell 648	Facility where grievance Issue occurred: North 1 Uppers cell 825	
TURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Disciplinary Report: 11/28/17	Date of Report	<input type="checkbox"/> HIPAA
		<input checked="" type="checkbox"/> Other (specify): expungement
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issues not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information of each person involved):

I received a letter from Springfield regarding my grievance that i turned in about my disciplinary report, the office of Springfield informed me that my grievance was affirmed. Springfield also informed me that the disciplinary report and summary was to be expunged from my masterfile records, the warden was to ensure that the expungement was done so that i could get out of Seg. im still in Seg right now but i should be back in population since my charges was expunged. i received the letter from Springfield on the 13 of February and today is the 18th of February, i dont know what to do i wrote the warden 3 times, this is my 3rd emergency grievance, i wrote the Lieutenant, major, Sergeant, mental Health clinical services, the record office and my

Off Requested: I'm being held in Seg after Springfield sent me a letter informing me that my ticket and the charges had been expunged. i should be back in population but im still in Seg for some strange reason, i need some answers soon as possible.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kendrick Jackson
Offender's Signature

R47228
ID#

2/18/18
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date received: 2/26/18 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62794-8277

Response:

Print Counselor's Name	Counselor's Signature	Date of Response
------------------------	-----------------------	------------------

MOU

EMERGENCY REVIEW

Date

Received: 2/26/18

Is this determined to be of an emergency nature?

- Yes; expedite emergency grievance
 No; an emergency is not substantiated.
 Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

EPL
#1
2/26/18

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

consider, im still being labeled as a Weapons Violator and im still in c-grade when i should be in A-Cfile, the weapons violator title should be expunged from my records masterfile since i was clearin of the charges the two charges i was facing was 104 Dangerous contraband, 202 Damage or misuse of property and both charges was expunged by Springfield. So i need the Warden or any other employee to help me get out of Seg. soon as possible, i have been in Seg now for 93 days for something that i didn't do; i'm already stressed out i can't really sleep at night and i haven't been able to talk to my family because of this situation, i have suffered enough so please fix the problem so that i can go back to population soon as possible. i need the Warden to ensure that the report and summary are expunged from my masterfile records, that's the only reason i can come up with that i'm still being held in Seg. Sherry Benton for the board at Springfield and John R Bellwin the acting Director signed off on my expungement. Can someone please answer my emergency grievance and complaints, i just want to be treated fair, i'm 41 years old and i don't cause problems or get into trouble. i have been incarcerated for 16 years with a clean record until this situation happened, i feel like i'm about to go crazy and bug up in this place, i can't talk to much more of these problems now. wants to help me, it's hard to get anyone to do something for you while your in Seg. So please answer my emergency grievance and correct the problem for me. I should be back in population in A-grade, the weapons violator title should be taken off my ID and expunged from my masterfile records, my aggression level should not be at a 13 low, it should be back at a 5 low where it was before this situation happened, you can call Springfield yourself and they will tell you that the letter they sent me is true and accurate, i never received two tickets, i only received one ticket with two charges, and both charges were expunged by Springfield on the 30th of January, i want all my regular privileges back since the report and summary is to be expunged i gotta write Springfield as well so i can get some answer from somebody, im not sure if the Warden has received the same letter that the office of Springfield sent me, if not you can call Springfield and check for yourself. Can you send someone to my cell so that i can talk to them and explain my situation, a Lieutenant, a Sergeant, a Major, or the Warden, i need someone to listen and hear me out so i can get some answers to the problem the letter that Springfield sent me clearly states that, Based on a total review of all available information and a compliance check of the procedure due process safeguards outlined in DR 504, this Office recommends the grievance be affirmed. Due to non-compliance with DR 504,3a (unsubstantiated charges), the above issued report and Summary is to be expunged from offender Jackson's masterfile, that's exactly what the letter said about my Grievance and report and Summary, i need to get out of Seg soon as possible so that i can call my wife and daughter, i haven't heard from them in a while and i'm really concerned about them, i can't call my family in seg, i should be back in population soon as possible place fix the problem for me so that i can get out of Seg soon as possible, the 104 Dangerous contraband and the 202 damage or misuse of property was expunged with the Summary and report from my masterfile records, thank you for your time and help me.

Inmate Id:	R47228	Ret Form Ind:	▼
Name:	JACKSON, KENDRICK	Modify Ind:	▼
Chair Code:	SAJO ▼	Deny Ind:	▼
Grv Type:	L ▼	Favorable Ind:	▼
Grv Code:	DR ▼	Deferred Ind:	▼
Receive Date:	01/22/2018	Moot Ind:	▼
Hearing Date:	00/00/0000	Grievance Number:	324-12-17
Mailing Date:	00/00/0000	Incident Number:	201701830
Grv Loc:	MENARD CC ▼	Incident Date:	11/28/2017
Hearing Loc:	MENARD CC ▼	Incident Inst:	MENARD CC ▼
Date Received:			
01/25/2018			

exhibit Q

Comments: GRV #324-12-17. INC #201701830. DR 11-28-17. GRVS TO HAVE DR EXPUNGED

Bruce Rauner
Governor

John Baldwin
Acting Director

Exhibit P



The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

Date

Kendrick Jackson
R47228
N2:06:48

Mr. Jackson

Due to not being on the mental health caseload, in order to receive a seg cut, you must contact clinical services.

Sincerely,

S. Huey BHT

CC: Offender Medical File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/doc

Exhibit Q

**STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT**

Name: JACKSON, KENDRICK	IDOC Number: R47228 <i>J121</i>	Race: BLK
Incident Date/Time: 12/5/2017 08:04 AM	Living Unit: MEN-E-08-04	Orientation Status: N/A
Incident Number: 201701830/2 - MEN	Status: Expunged Final	

Date	Ticket #	Incident Officer	Location	Time
11/28/2017	201701830/1-MEN	LIPE, JACOB L	MENARD CORRECTIONAL CENTER	07:40 AM
Offense	Violation			Final Result
104	Dangerous Contraband <i>Comments: toe nail clippers sharpened to a point</i>			
202	Damage Or Misuse of Property			
Witness Type	Witness ID	Witness Name	Witness Status	
No Witness Requested				

RECORD OF PROCEEDINGS

Inmate pled not guilty

*Expunge per ARB grievance report (324-12-17) due to non-compliance with DR 504.30 unsubstantiated charges.**BASIS FOR DECISION**

Based on the observation of the reporting employee officer was shaking down inmate Jackson's cell and found one set of toe nail clippers altered into a sharp point and one set of stone with scratch marks used for sharpening. Inmate ID by offender 360 and state ID card.

104 charge of Dangerous contraband found guilty by the committee by possessing, manufacturing, introducing, selling, supplying to others or any object or instrument that is made to appear to be or could be used as a deadly or dangerous weapon or substance.

Committee finds inmate guilty based on information provided and accepts the written report to be factual account of the incident and is satisfied the violations occurred as reported.

Officer Brown witnessed the incident and stated IDR is correct as written.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL
— EXPUNGED —	

Basis for Discipline:

Signatures Hearing Committee BROOKMAN, KENT E - Chair Person HART, JASON N	 Signature 12/05/17 WHI  Signature 12/05/17 Date BLK Race
---	---

Recommended Action Approved

Final Comments: N/A

STATE OF ILLINOIS – DEPARTMENT OF CORRECTIONS
ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: JACKSON, KENDRICK

IDOC Number: R47228

Race: BLK

Booking Date/Time: 12/5/2017 08:04 AM

Living Unit: MEN-E-08-04

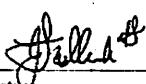
Orientation Status: N/A

Incident Number: 201701830/2 - MEN

Status: Expunged Final

ACQUELINE A LASHBROOK / JAL 2/25/2018

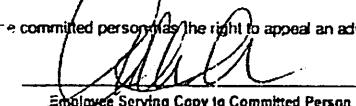
Chief Administrative Officer

 Signature

02/25/18

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.


Employee Serving Copy to Committed Person


When Served -- Date and Time

RECEIVED

DEC 13 2017

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

NIV-48

Exhibit R

Date: <u>12-10-17</u>	Offender: (Please Print) <u>Hendricks Jackson</u>	ID#: <u>R47228</u>
Present Facility: <u>North 2 Cell 648</u>	Facility where grievance issue occurred: <u>North 1 Upper Cell 925</u>	<i>Q18-12-17</i>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Disciplinary Report: <u>11-28-17</u> Date of Report: <u>11-28-17</u> Facility where issued: <u>North 1 Upper Cell 925</u>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>J. Lite Budge 16654 officer Brown Budge 6006</u></p> <p><u>On the date of 11-28-17 Approximate time 7:40 p.m. officer Brown budge 6006 and J. Lite budge 16654 were conducting a routine Shakedown and during the Shakedown my M.p.3 player screen was cracked by accidentally by one of the Shakedown officers, they took my name and T.D number down, and the officers said that they were gonna report it so that it could probably get fired but my m.p.3 player has not been fixed yet, i don't have that kind of money to throw away. So please can somebody have my M.P.3 player screen fixed i would greatly appreciate it. God bless you. -continuous entries</u></p>		
<p>Relief Requested: _____ <input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
Offender's Signature _____		IDS _____ Date _____
(Continue on reverse side if necessary)		
RECEIVED		
Date Received: <u>12-27-17</u>	Counselor's Response (if applicable) <u>M. N. Pfe CFAZ</u>	IDS <u>FEB 14 2018</u> Date _____
<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside Jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277		
<p>Response: <u>Per property offender received and signed for his property on 12/7/17 with the knowledge that the item was broken/busted. I also pulled the the inventory sheet and it showed it unable to verify who or how it (M.P.3) play is was broken/busted because it was buying that way.</u></p> <p><u>M. N. Pfe CFAZ</u> <u>M. N. Pfe CFAZ</u> Date of Response <u>1-29-18</u></p>		
<p>Print Counselor's Name _____</p> <p>Counselor's Signature _____</p>		

EMERGENCY REVIEW	
Date Received: <u>/ /</u>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature _____ Date _____	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

im in seg right now and theres not to much of nothing i can do about it right now but write a grievance about it. im not sur of all the other officers names that Search down that night but our gallery officer name wall was working that night he should know about it. Please get back with me soon thank you and God bless.

To North 2 Counselor:

Page 2
of 2 pages

A. H. D.
11/13/17
11/13/17
11/13/17
AHD

**ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE**

FEB 1 1970

FEDERAL BUREAU OF INVESTIGATION

Exhibit S

Date: 2-13-18	Offender: (Please Print) Kendrick Jackson	ID#: R47228	
Present Facility: North 2 cell 648	Facility where grievance issue occurred: North 1 uppers cell 825 210-121-17 (X2)-#2		
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (Specify: Block m.p. 3 screen)	
<input type="checkbox"/> Disciplinary Report: 11-28-17	North 1 uppers cell 825	Facility where issued	
Data of Report			
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide Information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I wanted to appeal the decision of the counselor, my grievance was denied by the counselor on 1-24-18 for my classified M.P. 3 screen. the officer T. Life badge 10654 and officer Brown badge 6616 was conducting a routine shakedown on the date of 11-28-17 in North 1 uppers cell 825. During the shakedown one of the officers accidentally cracked my M.P. 3 Player screen. I asked the officers about it and the responded by telling me that they didn't do it on purpose, the officers took down my name and number and said that they would try to send it in to get fixed, but I never heard anything else about it since I've been here. Relief Requested: I would like to request a relief due to the fact that my grievance was denied by the counselor, I don't believe that is the right decision about my M.P. 3 Player, it should be fixed due to staff conduct. Chief Administrative Officers <input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.			

Counselor's Response (if applicable)	
Date Received: _____ / _____ / _____	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____	
Print Counselor's Name	Counselor's Signature
	Date of Response

EMERGENCY REVIEW	
Date Received: _____ / _____ / _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____ Date _____	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

in Seg. i paid 75 dollars for my M.P.3 player and it was in perfect condition, i dont have that kind of money to waste and i only receive financial support from my family every once in a while, now when the officers brought me my property on 10-9-17 the inventory sheet shows that my M.P.3 player has a cracked screen the officers that should down my cell need to be interviewed about this in P.I.3, player, and they will tell you that they accidentally cracked the screen on my M.P.3, player. i just want it fixed i dont have to have a new one, all i want is my M.P.3, player screen fixed the way it was before the breakdown. i had no other choice but to sign for my property because i had been in Seg for almost 2 weeks without my hygiene products, and i thought that the mental staff would follow up on fixing my M.P.3, player screen. i dont have the money to buy me a new one and i shouldnt be held responsible to buy a new M.P.3 Player because i didnt crack the screen on the M.P.3. Player. so please help me get my M.P.3 Player Screen Fixed and please interview the officers that should down my cell in the North 1 uppers cell 325 on th. night of 10-8-17, thank you for your time and God bless.

Exhibit T

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

FEB 22, 2018

D4, dicitte

Date: 2-14-18	Offender: (Please Print) Hendrick Jackson	ID#: R77228
Present Facility: North 2 Cell 648	Facility where grievance issue occurred: North 1 Uppers Cell 825	280-2-18(2)
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Disciplinary Report: 11/28/17	Date of Report	<input type="checkbox"/> HIPAA
		<input checked="" type="checkbox"/> Other (Specify): _____
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): My disciplinary report and summary was expunged by Springfield on 1-30-18 and i should be out of seg by now. i have been back here for 80 days for something that i didn't do. i put in a grievance to Springfield and they sent me a letter back letting me know that the grievance was denied affirmed and the disciplinary report and summary was expunged from my master file records. i need to get out of seg so that i can call my wife and daughter. i need to talk to them about something important but i can't do it until i get out of seg. please get me from here soon as possible. i don't bother anybody and i try to follow the rules.		
Relief Requested: I request a belief do to the fact that Springfield expunged my disciplinary report on 1-30-18, and its 2-14-18 and im still in seg. i should be in population based in A-Cycle and my aggression level should be back at 5 with no more weapons violator tag on my record		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Hendrick Jackson	R77228	2-14-18
Offender's Signature	ID#	Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: 1/1/18	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-8277
Response: _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response

MOT PG 2	EMERGENCY REVIEW	E02 #2
Date Received: 2-26-18	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance		2, 26, 18
<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
Chief Administrative Officer's Signature		Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

to the best of my ability, can you please send me back to the North Uppers or the South Lower. im 41 years old and i have been incarcerated for 16 years without any trouble, i just got caught up in the wrong situation at the wrong time, i did nothing wrong to be in Seg and Springfield agreed with me when they expunged my disciplinary report, can you please put me back in A-Circle soon as possible and can you please turn the Weapons Violator tag off of my records and my I.D. i need that tag expunged from my masterfile records soon as possible, im tired and i have suffered back pain for 80 days for something i didn't do, please get me from back here soon as possible and put me back in population, thank you for your time and please send me back to North Uppers or the South Lower thank you,

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

W121

Exhibit 4

Date: <u>3-7-18</u>	Offender: (Please Print) <u>Hendrick Jackson</u>	ID#: <u>R47228</u>
Present Facility: <u>Westhouse (cell) 121</u>	Facility where grievance issue occurred: <u>Westhouse cell 121</u>	<u>147-3-18</u>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: <u>/ /</u> Date of Report Facility where Issued		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>The office of Springfield sent me a letter informing me that my ticket got expunged on the 30th of January. I got out of seg expecting to go back to the North 1 uppers. My aggression level had went back down to a 5 low and I was taken off of stripes. I was moved to the easthouse and I feel I was being retaliated against especially since I did nothing wrong to be placed in the easthouse. I beat my ticket and my aggression level was too low to be placed in a high aggression cell house. I wrote the warden, the counselor, Lieutenant, and the major. I also filed a grievance to get out of the easthouse so that I could go to the South house or the northhouse. I was sent to the Westhouse on the 6th of</u>		
<u>Relief Requested: I ask to be moved to the South house or to North 1 since my aggression level is a 5 low. I ask not to be retaliated against by anyone who is a staff member or employed at manna correctional center. Please answer my relief request A.S.A.P.</u>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature		ID# <u>/ /</u> Date <u>/ /</u>
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: <u>3/8/2017</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: <u>This is a duplicate grievance. It was previously addressed in grievance number 76-3-18.</u>		
<u>R. Hallery CCII</u> Print Counselor's Name	<u>R. Vay CCII</u> Counselor's Signature	<u>3/8/2017</u> Date of Response

EMERGENCY REVIEW	
Date Received: <u>/ /</u>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature <u>/ /</u> Date <u>/ /</u>	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

March, so i was placed in another high aggression cell house, i dont understand why im being treated this way. i feel like im being retaliated against since i beat my ticket, i wasnt suppose to be in seg in the first place especially since i did nothing wrong and springfield agreed with me, now im once again in a highly aggressive cell house, i shouldnt be here. i have no disciplinary history and i dont cause trouble. i should be in a low aggression cell house so i dont know what else i have to do to be placed in the south house or the north house, i shouldnt be retaliated against like this, i just want to be treated fair, i could see if i was a trouble maker or a staff assailitor but i am neither of those things, so im writing this grievance as a result of the retaliation that im going through, so that it can be on record for any future problems, i wrote the Lieutenant and the Major and now im writing a grievance, so hopefully i can get some kind of results that will get me moved to a low aggression cell house, i ask once again that the warden or placement could have me moved to the South house or to north where i came from, i was in the same cell in north uppers for ten years without any trouble until i got caught up with something that my cell had under his matress, springfield cleared me of those charges because i didnt do it, so i should have been placed back into the north cell house, so i respectfully ask if i could be moved to the South house or to north, thank you for your time and God bless.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

W-1-21

Grievance Officer's Report

Date Received: February 14, 2018 Date of Review: March 9, 2018 Grievance #(optional): 218-12-17Offender: Jackson, Kendrick ID#: R47228

Nature of Grievance: MP3 Player

Facts Reviewed: All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted a grievance dated 12/10/2017 and grieves that on 11/23/17 on a routine shakedown his MP3 player screen was cracked by accident by the shakedown officers. The officers took offender's name and number down and said that they would report it and try to get it fixed.

Relief requested: He requested a relief due to the fact that my grievance was denied by the counselor. He doesn't believe that it was the right decision about his MP3 player and it should be fixed due to staff conduct.

Counselor responded on 1/24/2018 – Per Property, offender received and signed for his property on 12/9/17 with the knowledge that the MP3 was broken/scratched. I also pulled the inventory sheet and it showed it. Unable to verify who or how it (MP3) player was broken/scratched because it came to Property that way.

Grievance Office reviewed on 3/9/2018 – Counselor responded appropriately. Grievance Office verified that Property Inventory had marked the MP3 with charger and earbud has crack screen. Offender signed for inventory on 12/9/17. Proper documentation was done for contraband found on date in question, no broken MP3 screen was noted. Unable to substantiate MP3 screen was broken by staff during shakedown on 11/28/17.

Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be DENIED. Unable to substantiate items were taken as shakedown slip was marked clean.

Larissa Wandro - Menard Correctional Center

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: March 15, 2018 I concur I do not concur Remand

Comments:

S. DeMuth
Chief Administrative Officer's Signature3/16/18
Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date